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Fill in this information to identify your case:					
Debtor 1 Brkut First Name	人AVた人人を Middle Name	BARBOUR Lest Name			
Debtor 2 (Spouse, if filing) First Name	Middle Name	Last Name			
United States Bankruptcy Court for the: District of					
Case number (If known)		<del></del>			

FELED LYWCHROPIG, VA U.S. BAJKRUPTCY COURT	
DEC 1 2 2016	
By LM 8:05A1	1
DEPUTY CLERK	
Check if this amended filir	

Official Form 103B

## **Application to Have the Chapter 7 Filing Fee Waived**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

if	known).				
l	Part 1: Tell the Court About Y	our Family and Your F	amily's Income		
1.	What is the size of your family? Your family includes you, your spouse, and any dependents listed on Schedule J: Your Expenses (Official Form 106J).	Check all that apply: Your spouse Your dependents	How many dependents?	Total number of pec	<del>ople</del>
2.	Fill in your family's average monthly income.  Include your spouse's income if your spouse is living with you, even		spouse's income. Include the		That person's average monthly net income (take-home pay)
	if your spouse is not filing.  Do not include your spouse's income if you are separated and your spouse is not filing with you.	value (if known) of any non-cash governmental assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  If you have already filled out Schedule I: Your Income, see line 10 of that schedule.		Your spouse +	\$ 800,00 \$2000.00
			ernmental assistance that you	Subtotal	\$
		included above.  Your family's average π	nonthly net income	Total	\$2800
3.	Do you receive non-cash governmental assistance?	No Yes. Describe	Type of assistance		
4.	Do you expect your family's average monthly net income to increase or decrease by more than 10% during the next 6 months?	No Yes. Explain			
5.	Tell the court why you are unable to installments within 120 days. If you h circumstances that cause you to not be fee in installments, explain them.	ave some additional	Lass of Busin	iess, poch	1 Health

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Deb	otor 1			Case number (A	known)	
	First Name Middle Name	Last Name				
F	art 2: Tell the Court About Yo	ur Monthly Expenses	-co-sulovi, - po-socialisti			
6.	Estimate your average monthly experincle amounts paid by any government reported on line 2.  If you have already filled out <i>Schedule</i> line 22 from that form.		\$3140.008	-		
7.	Do these expenses cover anyone who is not included in your family as reported in line 1?	No Yes. Identify who				
8.	Does anyone other than you regularly pay any of these expenses?  If you have already filled out Schedule I: Your Income, copy the total from line 11.	No Yes. How much do yo	ou regularly receive a	s contributions?	\$ <u>###00</u> month	nly
9.	Do you expect your average monthly expenses to increase or decrease by more than 10% during the next 6 months?	No Yes. Explain				
Pa	Tell the Court About Yo	our Property	and the second s		guerra v. a sacción de la companya d	Manager and the second
lf	you have already filled out <i>Schedule</i>	A/B: Property (Official Fo	orm 106A/B) attach o	copies to this a	application and go	to Part 4.
10	. How much cash do you have?  Examples: Money you have in your wallet, in your home, and on hand when you file this application	Cash:	\$ <del>6</del>			
11	Bank accounts and other deposits of money?  Examples: Checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, and other similar institutions. If you have more than one account with the same institution, list each. Do not include 401(k) and IRA accounts.	Checking account: Savings account: Other financial accounts: Other financial accounts:	Institution name:			Amount:  s  s  s  s  s
12	Examples: House, condominium, manufactured home, or mobile home	Number Street	State	ZIP Code	Current value: Amount you owe on mortgage and liens:	\$ \$
13	s. Other real estate?	Number Street City	State	ZIP Code	Current value: Amount you owe on mortgage and liens:	\$ \$
14	b. The vehicles you own?  Examples: Cars, vans, trucks, sports utility vehicles, motorcycles, tractors, boats	Make: Tayari Model: CAMPY Year: 70,000	A		Current value:  Amount you owe on liens:  Current value:	\$ 10,000 \$ 18,900
		Model: Year: Mileage			Amount you owe on liens:	\$

Debtor 1 Case number (if known)\_ 15. Other assets? Describe the other assets: Current value: Do not include household items Amount you owe and clothing. on liens: How much is owed? Do you believe you will likely receive 16. Money or property due you? Who owes you the money or property? payment in the next 180 days? Examples: Tax refunds, past due or lump sum alimony, spousal support, child support, Yes. Explain: maintenance, divorce or property settlements, Social Security benefits, workers' compensation, personal injury recovery Part 4: **Answer These Additional Questions** 17. Have you paid anyone for No services for this case, including How much did you pay? Yes. Whom did you pay? Check all that apply: filling out this application, the bankruptcy filing package, or the An attorney schedules? A bankruptcy petition preparer, paralegal, or typing service Someone else 18. Have you promised to pay or do No you expect to pay someone for Yes. Whom do you expect to pay? Check all that apply: How much do you services for your bankruptcy expect to pay? An attorney case? A bankruptcy petition preparer, paralegal, or typing service Someone else 19. Has anyone paid someone on Nο your behalf for services for this Yes. Who was paid on your behalf? Who paid? How much did case? Check all that apply: Check all that apply: someone else pay? An attorney Parent Brother or sister A bankruptcy petition preparer, Friend paralegal, or typing service Pastor or clergy Someoné else Someone else 20. Have you filed for bankruptcy within the last 8 years? Yes. District Case number \_ MM/ DD/ YYYY MM/ DD/ YYYY Part 5: Sign Below By signing here under penalty of perjury, I declare that I cannot afford to pay the filling fee either in full or in installments. I also declare that the information I provided in this application is true and correct. Signature of Debtor 2 Signature of Debto MM / DD / YYYY

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Fill in this info	ormation to ider	ntify the case:		
Debtor 1	STENT	LA VR LA	RARGOUR	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	
	ankruptcy Court for	1. 20 000000 0 6	District of	
Case number	VIRW.	4		
	₩			
Order o	n the A	pplication (	to Have the C	hapter 7 Filing Fee Waived
	ering the debt he applicatior		Have the Chapter 7 Filing	g Fee Waived (Official Form 103B), the court
[ ] Granted.			ne debtor to pay the fee ase show that the waiver	in the future if developments in was unwarranted.
[ ] Denied.	The debtor	must pay the filing fe	ee according to the follow	wing terms:
		You must pay	On or before this date	•
		\$	Month / day / year	
		\$		
		Φ.	Month / day / year	
		\$	Month / day / year	
	+	\$	Month / day / year	
	Total			
	motion pron	nptly with a paymen	t proposal. The debtor m	imetable, the debtor must file a nay use <i>Application for Individuals to</i> for this purpose. The court will
	more prope bankruptcy debtor does	rty to an attorney, b case. The debtor m s not make any payr	ankruptcy petition prepa ust also pay the entire fi	any more payments or transferring any rer, or anyone else in connection with the ling fee to receive a discharge. If the bankruptcy case may be dismissed and ffected.
[ ] Schedul	led for hearir	ng.		
	A hearing to	consider the debto	or's application will be he	ld
	on	at	AM / PM at	s of courthouse
	Month / da	ay / year	Address	s of courthouse
	If the debto	r does not appear a	t this hearing, the court r	may deny the application.
			By the court:	States Bankruptcy Judge
	Month / day / ve	ar	United	States pankruptcy judge